

generacy on the other. Mistakes may be easily made, such as have been made respecting the interdiction of the marriage of blood relations, by certain States, to prevent the engendering of idiots. To be safe and sure, law must be very deliberate, and guided only by the unerring revelations of science, and hereditary neuropathic degeneracy is a demonstrated fact. As such it is a subject for conservative sanitary legislation, as much so as the most destructive pestilence, and a certificate of normal organic nerve endowment should constitute an essential feature of the State's marriage certificate."

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PSYCHICAL SYMPTOMS FROM OPERATIONS.—Dr. M. Collins (*British Medical Journal*, April 18, 1885) reports the following case: "E. F., aged 23, put himself under my care a few months ago. With the exception of knee-joint disorganization, there was no actual organic disease; the circulation was feeble, and nervous system exhausted by protracted physical suffering and mental anxiety. He was pale, anæmic, dyspeptic, and restless; at an early age given over to pain, sorrow, and defective assimilation. Palliative treatment gave comparatively little relief. He was invalided for years. At his own request I consented to amputate the limb; but, before I did so, I explained the risks plainly to him. His nervous system was so distraught, that I considered him not unlikely to succumb to the shock of a capital operation. On March 1st I amputated at the lower third of the thigh, by the ordinary flap-operation. Esmarch's bandage was used, so that there was no hemorrhage. The operation was satisfactory in every way; the patient recovered from the effects of chloroform, and was able, after two hours, to take beef-tea and milk at intervals. Four hours afterwards he was progressing favorably. Soon, however, he began to talk wildly and incoherently, and to suspect his nearest and dearest relative. On arrival, I found him singing snatches of songs, whistling, trying to get out of bed, regardless of the pain in the stump. He was, however, very amenable to persuasion. Then, for a time, he remained apathetic, till he was again haunted by some hallucination, when he broke out into wild delirium. The pulse was small and quick; the pupils dilated; the extremities cold; the surface of the abdomen, chest, and his face were covered by a clammy perspiration. I administered morphia by hypodermic injection, to counteract shock and pain; and at the same time I ordered a liberal allowance of beef-tea, and free stimulation. All was to no avail; he died rapidly—as patients do sometimes of delirium tremens—eighteen hours after the operation. Major operations are sometimes, though rarely, followed by mania. This may be merely a coincidence; but I strongly suspect, when it does supervene, that the patients were already the subject of a deep derangement of the affective life, or of some obscure insane temperament. In such cases, it is well known that insanity may follow reaction

from the shock of even the slightest injury. In my patient's case, a state bordering on delirium tremens soon set in, and proved rapidly fatal. He was never intemperate, never subject to any innate vice of the nervous system."

J. G. KIERNAN, M.D.

e.—THERAPEUTICS OF THE NERVOUS SYSTEM.

CAFFEINE AS A LOCAL ANÆSTHETIC.—Dr. Ferrier and Dr. Fauvel claim that caffeine is as good a local anæsthetic as cocaine. Dr. F. employed it to the almost entire exclusion of the latter in his practice. Dr. Laborde, on the other hand, was unable to obtain any anæsthetic effect with caffeine or theine (*Lancet*, May 23, 1885). Argyl-Robertson also obtained no anæsthesia, but mydriasis with a 16-per-cent. solution of caffeine (*Brit. Med. Jour.*, Jan. 3, 1885). These different results will probably be found to be due to difference in the preparations. It has already been shown that many preparations of coca are different alkaloids. The product of the second maceration of coca leaves, for example, contains a large amount of a derivative of hygrine (Panas, Calmelo). This has the property of producing mydriasis, but not anæsthesia. The product of the first extraction, on the other hand (pure cocaine), does not cause mydriasis. The high price of cocaine has caused manufacturers to extract the leaves twice. Very probably similar impurity will be found in caffeine.

APOMORPHINE IN NERVOUS AFFECTIONS.—Weil used apomorphine successfully in a case of singultus in a patient with tubercular meningitis. The singultus had resisted electricity, morphia, and atropia, and was so severe as to prevent sleep. He also reports (*Lyon Médicale*, 48, 1884) its successful use in a case of chorea, which was so severe as to cause insomnia, dysphagia, and emaciation. Immediate improvement followed and continued under hypodermic doses of apomorphia ( $2\frac{1}{2}$  mgm.). The same writer also reports a case of cortical epilepsy successfully treated by this drug. The usual remedies had been given without effect. Subcutaneous injections of apomorphine continued for thirty-eight days caused the disappearance of the paroxysms. Dr. Lawrence also cured with apomorphine a case of hereditary hystero-epilepsy that had resisted every other treatment.—The *Therapeutic Gaz.*, April, 1885.

COCAINE IN THE TREATMENT OF THE OPIUM-HABIT.—Erlenmeyer was induced, by the difference of opinion regarding the value of cocaine and its physiological action when given to counteract the effect of the withdrawal of opium, to study the effect of the drug. E. employed Merck's preparation, and made 236 separate observations. He gave the drug subcutaneously in